

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning , 2023, ending See separate instructions.

Your first name and middle initial LUMA Last name MUHTADIE Your social security number
If joint return, spouse's first name and middle initial RAMSEY D Last name ROBINSON Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State CA ZIP code 94109 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Head of household (HOH) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) Check if qualifies for (see instructions): Child tax credit Credit for other dependents
If more than four dependents, see instructions and check here

Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 62,807
b Household employee wages not reported on Form(s) W-2 1b
c Tip income not reported on line 1a (see instructions) 1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
e Taxable dependent care benefits from Form 2441, line 26 1e
f Employer-provided adoption benefits from Form 8839, line 29 1f
g Wages from Form 8919, line 6 1g
h Other earned income (see instructions) 1h
i Non-taxable combat pay election (see instructions) 1i
z Add lines 1a through 1h 1z 62,807
2a Tax-exempt interest 2a 2b Taxable interest 2b 52
3a Qualified dividends 3a 2,351 b Ordinary dividends 3b 5,658
4a IRA distributions 4a b Taxable amount 4b
5a Pensions and annuities 5a 3,623 b Taxable amount 5b 0
6a Social security benefits 6a b Taxable amount 6b
c If you elect to use the lump-sum election method, check here (see instructions)
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 2,083
8 Additional income from Schedule 1, line 10 8 173,732
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 244,332
10 Adjustments to income from Schedule 1, line 26 10 49,175
11 Subtract line 10 from line 9. This is your adjusted gross income. 11 195,157
12 Standard deduction or itemized deductions (from Schedule A) 12 27,700
13 Qualified business income deduction from Form 8995 or Form 8995-A 13 24,911
14 Add lines 12 and 13 14 52,611
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 142,546

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

LUMA MUHTADIE & RAMSEY D ROBINSON

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	173,732
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E ..	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	173,732

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

EEA

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	12,259
16	Self-employed SEP, SIMPLE, and qualified plans	16	32,295
17	Self-employed health insurance deduction	17	4,621
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.	26	49,175

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LUMA MUHTADIE & RAMSEY D ROBINSON

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 ..	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	24,518
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**b** Recapture of federal mortgage subsidy, if you sold your home
see instructions**c** Additional tax on HSA distributions. Attach Form 8889**d** Additional tax on an HSA because you didn't remain an eligible
individual. Attach Form 8889**e** Additional tax on Archer MSA distributions. Attach Form 8853**f** Additional tax on Medicare Advantage MSA distributions. Attach
Form 8853**g** Recapture of a charitable contribution deduction related to a
fractional interest in tangible personal property**h** Income you received from a nonqualified deferred compensation
plan that fails to meet the requirements of section 409A**i** Compensation you received from a nonqualified deferred
compensation plan described in section 457A**j** Section 72(m)(5) excess benefits tax**k** Golden parachute payments**l** Tax on accumulation distribution of trusts**m** Excise tax on insider stock compensation from an expatriated
corporation**n** Look-back interest under section 167(g) or 460(b) from Form
8697 or 8866**o** Tax on non-effectively connected income for any part of the
year you were a nonresident alien from Form 1040-NR**p** Any interest from Form 8621, line 16f, relating to distributions
from, and dispositions of, stock of a section 1291 fund**q** Any interest from Form 8621, line 24**z** Any other taxes. List type and amount:**18** Total additional taxes. Add lines 17a through 17z**19** Reserved for future use**20** Section 965 net tax liability installment from Form 965-A**21** Add lines 4, 7 through 16, and 18. These are your **total other taxes**. Enter here and
on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b

17a

17b

17c

17d

17e

17f

17g

17h

17i

17j

17k

17l

17m

17n

17o

17p

17q

17r

17s

17t

17u

17v

17w

17x

17y

17z

18**19****20****21**

24,518

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LUMA MUHTADIE & RAMSEY D ROBINSON

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	81
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32.	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911.	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	81

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

EEA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	0

EEA

Schedule 3 (Form 1040) 2023

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

LUMA MUHTADIE & RAMSEY D ROBINSON

Your social security number

Part I
Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

CITIBANK

INTEREST SUBTOTAL

52

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer:

VANGUARD BROKERAGE

DIVIDEND SUBTOTAL

5,658

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: _____
8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor

LUMA MUHTADIE

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

PSYCHOLOGIST

B Enter code from Instructions

621330

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

SAN FRANCISCO, CA 94109

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2023, check here ☐

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☒	1	199,030
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	199,030
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3.	5	199,030
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	199,030

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	2,541
9	Car and truck expenses (see instructions)	9	4,130	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	82
15	Insurance (other than health)	15	810	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	1,164	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	4,005
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	12,566	b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	173,732				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

Name(s)

SSN

LUMA MUHTADIE

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	01-01-2023
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:	
a	Business	6,305
b	Commuting (see instructions)	
c	Other	3,291
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No
47a	Do you have evidence to support your deduction?	☒ Yes ☐ No
b	If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

CONTINUING EDUCATION	3,140		
BOOKS	258		
MEMBERSHIPS	99		
TRANSPORTATION	508		
48	Total other expenses. Enter here and on line 27a	48	4,005

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person
with self-employment income

LUMA MUHTADIE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- | | | |
|---|-------------|---|
| 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ | 1b (|) |

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- | | | |
|---|-----------|----------------|
| 2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order. | 2 | 173,732 |
| 3 Combine lines 1a, 1b, and 2 | 3 | 173,732 |
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | 4a | 160,442 |

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- | | | |
|--|-----------|----------------|
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4b | |
| c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue | 4c | 160,442 |

- | | | |
|---|-----------|----------------|
| 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
| b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- | 5b | |
| 6 Add lines 4c and 5b | 6 | 160,442 |

- | | | |
|--|----------|----------------|
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 | 7 | 160,200 |
|--|----------|----------------|

- | | | |
|---|-----------|--|
| 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 | 8a | |
| b Unreported tips subject to social security tax from Form 4137, line 10 | 8b | |
| c Wages subject to social security tax from Form 8919, line 10 | 8c | |
| d Add lines 8a, 8b, and 8c | 8d | |

- | | | |
|---|----------|----------------|
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 160,200 |
|---|----------|----------------|

- | | | |
|---|-----------|---------------|
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124). | 10 | 19,865 |
|---|-----------|---------------|

- | | | |
|--|-----------|--------------|
| 11 Multiply line 6 by 2.9% (0.029). | 11 | 4,653 |
|--|-----------|--------------|

- | | | |
|---|-----------|---------------|
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 , or Form 1040-SS, Part I, line 3 | 12 | 24,518 |
|---|-----------|---------------|

- | | | |
|--|-----------|---------------|
| 13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15 | 13 | 12,259 |
|--|-----------|---------------|

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023Department of the Treasury
Internal Revenue ServiceAttach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

LUMA MUHTADIE & RAMSEY D ROBINSON

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: PSYCHOLOGIST		124,557
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	124,557	5	24,911
3	Qualified business net (loss) carryforward from the prior year	3	()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	124,557		
5	Qualified business income component. Multiply line 4 by 20% (0.20)				
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	9	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)				
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	24,911	14	32,605
11	Taxable income before qualified business income deduction (see instructions)	11	167,457		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	4,434		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	163,023		
14	Income limitation. Multiply line 13 by 20% (0.20)			15	24,911
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)				
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)		
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2023)

EEA

Amount from Form 1040, line 11 **195,157**
 Amount from Form 1040, line 12 **27,700**

Line 11 above is the difference between these amounts **167,457**

Form

8829Department of the Treasury
Internal Revenue Service**Expenses for Business Use of Your Home**

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

LUMA MUHTADIE**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	300
2	Total area of home	2	1,000
3	Divide line 1 by line 2. Enter the result as a percentage	3	30.00 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	30.00 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	186,298
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	186,298
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	40,668
20	Repairs and maintenance	20	
21	Utilities	21	1,219
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	41,887
24	Multiply line 23, column (b), by line 7	24	12,566
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	12,566
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	12,566
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	173,732
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	12,566
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	12,566

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2024

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

1040

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2023

Page 1

Name(s) as shown on return

LUMA MUHTADIE & RAMSEY D ROBINSON

Tax Identification Number

SCHEDULE C, LINE 17 - LEGAL AND PROFESSIONAL SERVICES

DESCRIPTION

AMOUNT

TAX PREP

TOTAL:

\$	389
	775
\$	1,164

SCHEDULE C, LINE 18 - OFFICE EXPENSE

DESCRIPTION

AMOUNT

TELEPHONE

INTERNET

CLOUD STORAGE

FURNITURE

SOFTWARE

TOTAL:

\$	1,107
	674
	120
	350
	290
\$	2,541

DO NOT FILE

Summary of Estimates

2024

Name(s) as shown on return

Tax ID Number

LUMA MUHTADIE & RAMSEY D ROBINSON

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	11,119	11,119	11,119	11,119	44,476
Overpayment Applied	0	0	0	0	0
Net Installment Due	11,119	11,119	11,119	11,119	44,476

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

California

Form: 540-ES

Payment Schedule

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	2,641	3,521		2,640	8,802
Overpayment Applied					
Net Installment Due	2,641	3,521		2,640	8,802

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

QBI Explanation Worksheet

Form 1040

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LUMA MUHTADIE & RAMSEY D ROBINSON

Name of business activity

Schedule C: PSYCHOLOGIST

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	173,732	173,732
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		12,259
9. Self-employed health insurance deduction		4,621
10. Self-employed pension deduction		32,295
11. QBI amount carried to Form 8995 / 8995-A		124,557
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBI of qualified property carried to Form 8995 / 8995-A		988
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

**SEP Worksheet
Form 1040**

Name(s) as shown on return

**Worksheets for Self-Employed
Rate and Deduction**

(This page is not filed with the return. It is for your records only.)

2023

Tax ID Number

LUMA MUHTADIE

Rate Worksheet for Self-Employed

1) Plan contribution rate as a decimal (for example, 10 1/2 % = 0.105)	0.250000
2) Rate in line 1 plus 1 (for example, 0.105 + 1 = 1.105)	1.250000
3) Self-employed rate as a decimal rounded to at least 3 decimal places (line 1 ÷ line 2) (for example, 0.105 ÷ 1.105 = 0.095)	0.200000

Deduction Worksheet for Self-Employed

Step 1

Enter your net profit from Schedule C (Form 1040), line 31; Schedule F (Form 1040), line 34,* or Schedule K-1 (Form 1065),* box 14, code A.** For information on other income included in net profit from self-employment, see the Instructions for Sch. SE (Form 1040).

173,732

*Reduce this amount by any amount reported on Schedule SE (Form 1040), line 1b.

**General partners should reduce this amount by the same additional expenses subtracted from box 14, code A, to determine the amount on line 1 or line 2 of Schedule SE (Form 1040).

Step 2

Enter your deduction for self-employment tax from Schedule 1 (Form 1040), line 15

12,259

Step 3

Net earnings from self-employment. Subtract step 2 from step 1

161,473

Step 4

Enter your rate from the Rate Table for Self-Employed or Rate Worksheet for Self-Employed

0.200000

Step 5

Multiply step 3 by step 4

32,295

Step 6

Multiply \$330,000 by your plan contribution rate (not the reduced rate)

82,500

Step 7

Enter the **smaller** of step 5 or step 6

32,295

Step 8

Contribution dollar limit

\$66,000

• If you made any elective deferrals to your self-employed plan, go to step 9.

• Otherwise, skip steps 9 through 20 and enter the smaller of step 7 or step 8 on step 21.

Step 9

Enter your allowable elective deferrals (including designated Roth contributions) made to your self-employed plan for the 2023 plan year. Don't enter more than \$22,500

Step 10

Subtract step 9 from step 8

Step 11

Subtract step 9 from step 3

Step 12

Enter one-half of step 11

Step 13

Enter the **smallest** of step 7, step 10, or step 12

Step 14

Subtract step 13 from step 3

Step 15

Enter the **smaller** of step 9 or step 14

• If you made catch-up contributions, go to step 16.

• Otherwise, skip steps 16 through 18 and go to step 19.

Step 16

Subtract step 15 from step 14

Step 17

Enter your catch-up contributions (including designated Roth contributions), if any. Don't enter more than \$7,500

Step 18

Enter the **smaller** of step 16 or step 17

Step 19

Add steps 13, 15, and 18

Step 20

Enter the amount of designated Roth contributions included on steps 9 and 17

Step 21

Subtract step 20 from step 19. This is your **maximum deductible contribution**.

32,295

Maximum deductible contribution if Step 9 includes non-SEP elective deferrals.

Step 21 less Step 9. Enter this amount on Schedule 1 (Form 1040), line 16

32,295

Auto Expense Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LUMA MUHTADIE & RAMSEY D ROBINSON

Profession/Business

PSYCHOLOGIST \

Description 2010 HONDA FIT

Date placed in service 2023-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year 6,305

Total Commuting miles driven during the year

Total Other miles driven during the year 3,291

Total Miles driven during the year 9,596

Business Use percentage 65.70

Expenses:

Total

Business
Percentage

Section 179		
Bonus Depreciation		
Depreciation		
Garage Rent		
Gas		
Insurance		
Licenses		
Oil		
Parking Fees		
Rental Fees		
Interest		
Personal Property Tax		
Repairs		
Tires		
Tolls		
Lease Add Back		
Other Expenses:		
Total Expenses		

Standard Mileage Rate Calculation

Business miles	6,305 X 0.655	4,130	4,130
Parking fees			
Tolls			
Interest			
Personal Property Tax			
Total Standard Mile Rate deduction			4,130

How it is reported:

Depreciation deduction	
Auto Expense	4,130
Personal Property Taxes, Schedule A, Line 5c	

Student Loan Interest Deduction Worksheet
Schedule 1, Line 21

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LUMA MUHTADIE & RAMSEY D ROBINSON

Before you begin:

- Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- Be sure you have read the **Exception** in the instructions for this line to see if you can use this worksheet instead of Pub. 970 to figure your deduction.

1. Enter the total interest you paid in 2023 on qualified student loans (see the instructions for line 21). **Don't** enter more than \$2,500 1. 543
2. Enter the amount from Form 1040 or 1040-SR, line 9 2. 244,332
3. Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25 3. 49,175
4. Subtract line 3 from line 2 4. 195,157
5. Enter the amount shown below for your filing status.
- | | | |
|--|---|-----------------------------|
| • Single, head of household, or qualifying surviving spouse - \$75,000 | } | 5. <u>155,000</u> |
| • Married filing jointly - \$155,000 | | |
6. Is the amount on line 4 more than the amount on line 5?
- ☐ **No.** Skip lines 6 and 7, enter -0- on line 8, and go to line 9.
- ☒ **Yes.** Subtract line 5 from line 4 6. 40,157
7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 7. 1.000
8. Multiply line 1 by line 7 8. 543
9. **Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21. **Don't** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) 9. 0

Account Transaction Summary**2023**

Name(s) as shown on return

Tax ID Number

LUMA MUHTADIE & RAMSEY D ROBINSON

Account #1

Financial Institution

CITIBANK

Routing Transit Number**Account Number****Account Type**

checking

Federal Main Form

Federal Debit

(13,866)

Date of Debit 04-15-2024

State Main Form(s)

CA Debit

(2,385)

Date of Debit 04-15-2024**Net Debit****(16,251)****PLEASE VERIFY BANK INFORMATION**

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize **Klein Taxes** to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

2023

PAGE 1

Name(s) as shown on return

Social security number/EIN

LUMA MUHTADIE & RAMSEY D ROBINSON

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	DESK	06-01-2022	988*		100.00	PY	988		0.7	EXP	0	988		988	
Totals			988									988		988	

Don't

**TAX RETURN COMPARISON
2021 / 2022 / 2023**

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return LUMA MUHTADIE & RAMSEY D ROBINSON			Identifying number 	
	2021	2022	2023	Difference 2022-2023
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	70,096	46,842	62,807	15,965
Taxable interest and dividends	3,130	2,369	5,710	3,341
Taxable state and local refunds				
Alimony				
Business income (loss)	37,418	90,852	173,732	82,880
Gains (losses)	3,866	5,558	2,083	(3,475)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation	15,505			
Total SS benefits received				
Taxable SS benefits				
Other income (loss)		700		(700)
Total Income	130,015	146,321	244,332	98,011
Adjusted Gross Income				
Half of self-employment tax	2,644	6,419	12,259	5,840
IRA deduction				
Other adjustments	6,955	21,038	36,916	15,878
Total Adjusted Gross Income	120,416	118,864	195,157	76,293
Deductions				
Medical deductions				
State and local taxes			8,954	8,954
Interest				
Contributions			2,030	2,030
Other deductions				
Total itemized deductions			10,984	10,984
Standard deduction	25,100	25,900	27,700	1,800
Total deductions claimed	25,100	25,900	27,700	1,800
Qualified Business Income Deduction .	5,564	12,819	24,911	12,092
Tax and Credits				
Taxable Income	89,752	80,145	142,546	62,401
Tax	10,869	8,926	21,665	12,739
Credits	2,060	1,651	81	(1,570)
Self-employment tax	5,286	12,837	24,518	11,681
Other taxes				
Total Tax	14,095	20,112	46,102	25,990
Payments				
Withholdings	10,993	4,875	6,236	1,361
Estimated tax payments		3,000	26,000	23,000
Earned income credit				
Other payments and credits				
Estimated tax penalty		242		(242)
Overpayment				
Overpayment applied				
Refund				
Balance Due	3,102	12,479	13,866	1,387
Marginal tax rate	22.00	12.00	22.00	10.00
Effective tax rate	12.11	11.14	15.20	4.06

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2023

Name of proprietor

Tax ID Number

LUMA MUHTADIE

Principal business: **PSYCHOLOGIST**

Business name:

	2022	2023	Difference
Income			
Gross Receipts or sales	109,843	199,030	89,187
Returns & allowances			
Cost of goods sold			
Gross profit	109,843	199,030	89,187
Other income			
Gross income	109,843	199,030	89,187
Expenses			
Advertising			
Car and truck expenses		4,130	4,130
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179	988		(988)
Employee benefit programs			
Insurance	491	810	319
Mortgage interest			
Other interest			
Legal & Professional services	750	1,164	414
Office expense	1,886	2,541	655
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance			
Supplies		82	82
Taxes and licenses	430		(430)
Travel			
Deductible meals			
Utilities			
Wages			
Other expenses	2,690	4,005	1,315
Total expenses	7,235	12,732	5,497
Business use of home	11,756	12,566	810
Net profit or (loss)	90,852	173,732	82,880
Allowed on return after Form 6198 and Form 8582 limitations	90,852	173,732	82,880

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LUMA MUHTADIE & RAMSEY D ROBINSON

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS IF TAXABLE INCOME IS

OVER	BUT NOT OVER	PAY	PLUS	% ON EXCESS	OF THE AMOUNT OVER
0	22,000	0.00		10%	0
22,000	89,450	2,200.00		12%	22,000
89,450	190,750	10,294.00		22%	89,450
190,750	364,200	32,580.00		24%	190,750
364,200	462,500	74,208.00		32%	364,200
462,500	693,750	105,664.00		35%	462,500
693,750		186,601.50		37%	693,750

$\$10,294.00 + ((\$142,546.00 - \$89,450.00) \times 22.0\%) = \$21,975$

TAX FROM TAX RATE SCHEDULE \$ 21,975
TAX FROM QUALIFIED DIVIDENDS/CAPITAL GAIN WORKSHEETS \$ 21,665

\$ 21,665 TAX COMPUTED USING THE MOST ADVANTAGEOUS METHOD ALLOWED

\$1 Million Tax Audit Defense Membership Program Agreement

The terms and conditions of this Membership Agreement (the "Agreement") govern the **Protection Plus \$1 Million Tax Audit Defense Membership Program ("Program")** provided to members of the Program ("**Members**") by Tax Protection Plus, LLC and the American Advantage Association (cumulatively referred to as "**Company**"). By accepting enrollment in the Program, you are agreeing to the terms of this Agreement.

1. Definitions: The following definitions are applicable to the Agreement.

- a. "**ERO**" means the Electronic Return Originator participating in the **Program** approved and authorized by **Company**.
- b. "**Protection Plus \$1 Million Tax Audit Defense Membership Program**" (or the "**Program**") is a service program offered by **Company** and is paid for by the ERO and provided to the Taxpayer as part of the tax preparation services at no additional cost to the Taxpayer.
- c. "**Return**" means an IRS acknowledged individual federal tax return form 1040, 1040SR and 1040NR, and/or a state acknowledged individual state return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** services.
- d. "**Negligence**" means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- e. "**Tax Preparer**" means the individual completing and signing the acknowledged **Return** as the paid preparer.
- f. "**Taxpayer**" or "**Member**" means the individual (or individuals if filing a Joint **Return**) for whom the **Tax Preparer** completes and signs an acknowledged **Return**.
- g. "**Company**" Tax Protection Plus, LLC and the American Advantage Association
- h. "**Company Program Fee**" the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the ERO.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years (for Federal **Returns**) and four (4) years (for state **Returns**) after the April filing deadline for the **Return** (the Membership Term), if the IRS or state audits or issues a letter or notice regarding the **Taxpayer's Return**, **Company** will provide the **Taxpayer** with the following services to be performed exclusively by **Company** representatives for up to \$1,000,000.00 in service fees at **Company's** then current retail rate structure for such services (collectively, the "Services"):

- 2.1 Evaluation of all related IRS and/or state correspondence.
- 2.2 Explanation of case requirements and the available options.
- 2.3 Professional IRS and/or state document review, consultation and organization.
- 2.4 Drafting of letters and other necessary correspondence with the IRS and/or state as needed.
- 2.5 Assistance with telephone communication with the IRS and/or state agent for explanations and discussions during the audit process.
- 2.6 Assistance with all IRS forms unless excluded below in section 3.
- 2.7 Assistance with denied credits, including: Earned Income Credit, Child and Dependent Care Credit, Education Credits, Child Tax Credit, Additional Child Tax Credit, Adoption Credit, Credit for the Elderly or Disabled, Savers Credit.
- 2.8 Assistance with rejected W-7 applications.
- 2.9 Assistance with IRS and/or state Identity Theft.
- 2.10 Tax debt relief including but not limited to Installment Agreements, Offers in Compromise, Tax Penalty Abatement, Tax Liens, Wage Garnishment Relief, and Innocent Spouse Relief provided that **Taxpayer** meets all guidelines for approval of the applicable debt relief and pays all associated governmental fees. Note: Taxpayers with unpaid prior tax debt may not qualify for assistance with some or all tax debt relief option, including but not limited to Offers in Compromise.
- 2.11 Representation before the IRS or state taxing authority by a credentialed **Company** representative, when **Company**, in its sole discretion, determines such representation is necessary.
- 2.12 Legal representation in a federal or state tax court by a **Company** appointed tax attorney, when **Company**, in its sole discretion, determines such legal representation is the most advisable option.
- 2.13 The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

3. Program Exclusions: The following types of tax returns and or inquiries are specifically excluded. **Company** is under no obligation to provide **Taxpayer** with the Services in connection with such returns and or inquiries:

- 3.1 **Returns** other than individual 1040, 1040SR, and 1040NR, and state **Returns** including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.2 Returns in which the **Taxpayer**, **Tax Preparer** or **ERO** had knowledge of additional taxes owed as of the date **Taxpayer** enrolled in the **Program**.
- 3.3 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.4 Local, city and county tax.
- 3.5 Returns that have become subject to IRS or state criminal investigations.
- 3.6 Inquiries and/or notices related to foreign income, flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, bartering income, cancelled debt, estate tax or gift tax.
- 3.7 Inquiries and/or notices related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess railroad retirement tax withheld.
- 3.8 When there is a lack of clarity from the IRS and/or state taxing authorities, we may not be able to provide complete assistance.
- 3.9 Any services performed by any individual or company other than the Services performed by **Company** or a **Company** appointed representative.

4. Taxpayer Responsibilities: In order for **Company** to be obligated to provide the Services to **Taxpayer**, the **Taxpayer** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the audit notice received to request an extension of the deadline for responding.
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Disclosure of Information: Taxpayer hereby agrees that his/her specific Taxpayer information, including all information that Taxpayer has disclosed to the ERO or has been included on the Return, may be disclosed by the ERO to Company and used by Company in the manner consistent with this Agreement.

6. Cancellation: If, for any reason, a Member is not satisfied with the Program and wishes to terminate his/her membership, the Member may cancel the membership by notifying Company in writing or by telephoning a Program representative. Membership in the Program shall terminate on the date that Company receives written notice of cancellation.

7. Member Representations and Acknowledgements: In return for the Services available under the Program, the Member makes the following representations and acknowledgements:

7.1 Member has read this Agreement carefully and understands the Program.

7.2 Member may cancel his/her Program membership at any time before the conclusion of the Membership Term.

7.3 Membership in the Program and benefits thereunder are not assignable without the express written consent of Company. Member agrees that he/she will use his/her Program membership only for his/her personal benefit. A Member's violation of this paragraph 7.3 will result in immediate termination of the Program Membership.

7.4 Member acknowledges that Company bears no responsibility for the payment of (or contribution to) any use or sales tax that may be imposed by any state or federal taxing authority on the Services provided under the Program. Payment of such taxes, to the extent imposed, shall remain the sole responsibility of the Member.

7.5 Member understands that Member is responsible for paying the Tax Preparer or ERO for their services rendered.

7.6 Member understands and agrees that all Tax Preparers and EROs are independent contractors, and that Company in no way is responsible for the Services provided by a Tax Preparer or ERO.

7.7 Member understands and agrees that they will be enrolled as a member of the American Advantage Association to be eligible to receive the benefits of the Program.

7.8 Member understands and agrees that the Program is not insurance.

7.9 The Taxpayer represents and warrants that they have truthfully provided correct, accurate and complete information to the Tax Preparer and to the best of Taxpayer's knowledge, the Tax Preparer has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the Program are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by Company may result in an IRS and/or state (if applicable) ruling unfavorable to the Taxpayer. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to Taxpayer's detriment. In all cases, Company will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: Company is not a Tax Preparer, ERO, or a direct Provider of the tax services provided to Members other than the Program. ACCORDINGLY, COMPANY GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A MEMBER FROM A PARTICIPATING TAX PREPARER OR ERO. MEMBER ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON COMPANY'S SKILL OR JUDGMENT IN SELECTING A TAX PREPARER OR ERO FOR THE SERVICES PROVIDED TO MEMBERS BY THE TAX PREPARER OR ERO. In the event any product or service (other than the Program) purchased or received by a Member from a Tax Preparer or ERO is canceled, modified, defective, or otherwise unsatisfactory to the Member, the Member will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each Member who uses the Services under the Program membership hereby forever releases, acquits and discharges Company and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such Member or Member's legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the Program. The sole recourse available to a Member or Member's legal representative(s) against Company shall be cancellation of the Program membership as provided in Section 6.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the Member, at the address provided by the Member.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to membership in the Program. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement. Member Acknowledges that **THE PROGRAM IS NOT INSURANCE.**

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Protection Plus

P.O. Box 24279 Winston Salem, NC 27114

cases@taxprotectionplus.com / Phone # 866-942-8348 / Fax # 850-424-1420

PP_FIRM.LD2

Tax Reimbursement Program Membership Agreement

The following terms and conditions of this Membership Agreement (the "Agreement") govern the Tax Reimbursement Program. Throughout this document, **Program** refers to this Tax Reimbursement Program. **You** and **Your** refer to the person(s) or **Participant(s)** who have been enrolled in the **Program** by a **Participating Tax Preparer**. **We**, **Us** and **Our** refer to the **Company** providing this benefit to **Participants**. In addition, when in bold certain words and phrases are defined as follows:

1. Definitions:

The following definitions are applicable to the Agreement.

- a. **"Assessment"** means an initial assessment by the Internal Revenue Service (IRS) or state taxing authority against the Return for additional fees, penalties and/or interest that is made within three (3) years from the April filing deadline.
- b. **"Error"** means a miscalculation by a **Tax Preparer** or certain mistakes by the **Tax Preparer** that result in an **Assessment**.
- c. **"Negligence"** means failure on the part of the tax preparer to exercise the care or apply the effort to research IRS and/or state tax codes, instructions and guidelines that a reasonably prudent tax preparer would exercise in their efforts to comply with IRS and/or state tax codes in the preparation of a tax **Return**; or failure on the part of the **Taxpayer** to exercise the care or apply the effort that a reasonably prudent person would exercise in providing their tax preparer with complete and accurate information to enable them to accurately prepare the tax **Return**.
- d. **"Return"** means an IRS acknowledged individual federal tax return form 1040, 1040SR, and 1040NR, and/or a state acknowledged individual state tax return (if applicable) for the previous year's tax return and is not otherwise excluded in this Agreement. **Returns** filed after the October Extension filing deadline are not eligible for enrollment or **Company** services.
- e. **"Tax Preparer"** and **"Participating Tax Preparer"** means the Electronic Return Originator (ERO) and/or the individual completing and signing the acknowledged Return as the paid preparer who is an Organization Member of the American Advantage Association authorized to enroll **Participants** in the **Program**.
- f. **"Participant"** means the individual (or individuals if filing a Joint **Return**) for which a **Participating Tax Preparer** or ERO completes and signs an acknowledged Return and reports them as a participant in the **Program** to **Company**.
- g. **"Company"** means Tax Protection Plus, LLC through the American Advantage Risk Purchasing Group and its members and the American Advantage Association and its Organization Member **Participating Tax Preparers** and EROs.
- h. **"Company Program Fee"** the **Company** established fee charged by **Company** for a **Taxpayer** to participate in the **Program** and paid to **Company** by the ERO.
- i. **"Membership"** a term defining a **Participant's** status as a **Participant** in the **Program** who is eligible to receive the Services defined in this Agreement.

2. Services provided by Company under the Program: From the date the IRS or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** and for a period of three (3) years after the April filing deadline for the **Return** (the **Membership Term**), if the **Participant's Return** is audited and it is determined that additional taxes, penalties and interest are due as the direct result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will provide the **Participant** with the reimbursement of up to a combined total of \$2,500.00 in additional taxes, penalties and interest as calculated by the IRS and state, subject to the limitations and qualification criteria described in section 5. The **Company Program Fee** is paid for by the ERO and this **Program** is provided to the **Taxpayer** as part of the tax preparation services at no additional cost to the **Taxpayer**. REIMBURSEMENT BENEFITS ARE NOT AVAILABLE AND WILL NOT BE PAID TO TAXPAYERS WHO RESIDE IN SD, TN, WY, PUERTO RICO OR IN ANY OTHER STATE IN WHICH APPLICABLE LAW PROHIBITS COMPANY FROM MAKING SUCH PAYMENT

3. Program Exclusions: The following types of tax returns and/or inquiries are specifically excluded. **Company** is under no obligation to provide **Participant** with the Services in connection with such tax returns and/or inquiries:

- 3.1 Returns other than individual 1040, 1040SR, and 1040NR, and individual state returns including, but not limited to, corporate, partnership, trust, estate, gift and employment returns.
- 3.2 Returns in which the **Participant** or **Tax Preparer** had knowledge of additional taxes owed as of the date **Participant** enrolled in the **Program**.
- 3.3 Returns prepared with **Negligence**, recklessness, intentional misrepresentation or fraud.
- 3.4 Self-prepared returns.
- 3.5 Local, city and county tax.
- 3.6 Returns that have become subject to IRS and/or state criminal investigations.
- 3.7 Inquiries and/or notices related to foreign income flow-through entities (partnerships and S-corporations as reported on Schedule K), court awards and damages, parting income, cancelled debt, estate and gift tax.
- 3.8 Inquiries and/or notices related to the following credits: Foreign tax credit, Plug-in electric vehicle credit, Residential energy efficient property credit, Mortgage interest credit, Credit to holders of tax credit bonds, Health coverage tax credit, "Credit" for prior year minimum tax, "Credit" for excess railroad retirement tax withheld.
- 3.9 Inquiries and/or notices related to cryptocurrency.
- 3.10 No reimbursement will be made for issues arising from estimated taxes.

4. Participant Responsibilities: In order for **Company** to be obligated to provide the Services to **Participant**, the **Participant** agrees to take the following actions:

- 4.1 Contact the IRS and/or state (with the assistance of **Company**) per the notice received to request an extension of the deadline for responding.
- 4.2 Notify **Company** of any IRS and/or state correspondence or notice regarding the **Return** within thirty (30) days from the date of such notice along with a complete copy of the **Return**.
- 4.3 Provide **Company** any further assistance or documents as requested that support claims made on the **Return**.

5. Reimbursement Policy and Criteria:

- 5.1 The Service that provides for reimbursement of assessed penalties, interest and taxes is provided through **Company** and its **Participating Tax Preparers** and EROs.
- 5.2 A **Participant's** eligibility for reimbursement of assessed penalties, interest and taxes are subject to the exclusions described in Section 3. If the audit is a result of a legitimate **Error** made by a **Participating Tax Preparer**, **Company** will reimburse the affected **Participant** for the net effect of additional taxes, penalties and interest assessed up to \$2,500.00 for the **Return**. Qualified reimbursements will be paid by **Company** only after all of the obligations of **Participant** in Section 4 are satisfied, the **Participant** provides **Company** with proof satisfactory to **Company** that either (a) all tax obligations have been paid in full to the IRS and/or state or (b) the **Participant** is current with any payment agreement entered into with the IRS and/or state and **Company** receives a completed Reimbursement Request Form from the **Participating Tax Preparer** describing the **Error** and how it occurred.
- 5.3 Notwithstanding anything contained herein to the contrary, the **Participant** is not eligible for reimbursement if the additional tax, penalty or interest is assessed as a result of:

- 5.3.1 Incomplete, incorrect or misleading information intentionally provided by the **Participant, Tax Preparer or ERO**.
5.3.2 **ERO's or Tax Preparer's** reckless failure to include W-2, 1099 or any other taxable income on the **Return**.
5.3.3 The **Participant's** inability to provide the IRS and/or state or **Company** with sufficient records to support any item on the **Return**, including (but not limited to) filing status, deductions, expenses or dependents.
5.3.4 **Returns prepared with Negligence.**

6. Disclosure of Information: **Participant** hereby agrees that his/her specific **Taxpayer** information, including all information that **Participant** has disclosed to the **ERO** or has been included on the **Return**, may be disclosed by the **ERO** to **Company** and used by **Company** in the manner consistent with this Agreement.

7. Participant Representations and Acknowledgements: In return for the Services available under the **Program**, the **Participant** makes the following representations and acknowledgements:

7.1 **Participant** has read this Agreement carefully and understands the **Program**.

7.2 **Membership** in the **Program** and benefits thereunder are not assignable without the express written consent of **Company**. **Participant** agrees that he/she will use his/her **Program Membership** only for his/her personal benefit. A **Participant's** violation of this paragraph 7.2 will result in immediate termination of the **Program Membership**.

7.3 **Participant** understands that **Participant** is responsible for paying the **Tax Preparer or ERO** for their services rendered.

7.4 **Participant** understands and agrees that all **Tax Preparers** and **EROs** are independent contractors, and that **Company** in no way is responsible for the Services provided by a **Tax Preparer or ERO**.

7.5 The **Taxpayer** represents and warrants that they have truthfully provided correct, accurate and complete information to the **Tax Preparer** and to the best of **Taxpayer's** knowledge, the **Tax Preparer** has truthfully, completely and accurately completed all tax return forms and due diligence worksheets and procedures in accordance with all applicable IRS and state (if applicable) rules, regulations, procedures, guidelines, publications and requirements, and that the Services provided under the **Program** are conditioned upon such completion.

8. Disclaimer: Failure to comply with procedure and strategy actions recommended by **Company** may result in an IRS and/or state (if applicable) ruling unfavorable to the **Participant**. Failure or refusal to comply with requests or instructions from the IRS and/or state (if applicable) during the audit may result in adverse actions taken by the IRS and/or state to **Participant's** detriment. In all cases, **Company** will not be held responsible for the outcome and reserves the right to cease providing services when reasonably warranted.

9. Disclaimer of Warranties: **Company** is not a **Tax Preparer, ERO**, or a direct Provider of the tax services provided to **PARTICIPANTS** other than the **Program**. ACCORDINGLY, **COMPANY** GIVES NO WARRANTY, EXPRESS OR IMPLIED, AS TO DESCRIPTION, QUALITY, MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, PRODUCTIVENESS, OR ANY OTHER MATTER, FOR ANY SERVICES OR MERCHANDISE PURCHASED OR RECEIVED BY A **PARTICIPANT** FROM A **PARTICIPATING TAX PREPARER OR ERO**. **PARTICIPANT** ACKNOWLEDGES THAT HE/SHE IS NOT RELYING ON **COMPANY'S** SKILL OR JUDGMENT IN SELECTING A **TAX PREPARER OR ERO** FOR THE SERVICES PROVIDED TO **PARTICIPANT** BY THE **TAX PREPARER OR ERO**. In the event any product or service (other than the **Program**) purchased or received by a **Participant** from a **Tax Preparer or ERO** is canceled, modified, defective, or otherwise unsatisfactory to the **Participant**, the **Participant** will look solely to the Provider, Seller, Merchant, or Manufacturer of the product or service for any repair, exchange, refund, or satisfaction of claim.

10. General Release: Each **Participant** who uses the Services under the **Program** hereby forever releases, acquits and discharges **Company** and their employees, agents and affiliates from any and all liabilities, claims, demands, actions, and causes of action that such **Participant** or **Participant's** legal representative(s) may have by reason of any monetary damage or personal injury sustained as a result of or during the course of the use of any and all Services under the **Program**. The sole recourse available to a **Participant** or **Participant's** legal representative(s) against **Company** shall be cancellation of their **Program Membership**.

11. Notices: Any and all notices, consents, approvals, requests, and other written communications given or required under the terms of this Agreement shall be deemed to have been duly given and served when sent by email, U.S. Postal mail, postage prepaid and addressed to the **Participant**, at the address provided by the **Participant**.

12. Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties with regard to **Membership** in the **Program**. No representations, inducements, promises or agreements, or otherwise, shall be of any force or effect. The validity or unenforceability of any term of this Agreement shall in no way affect the validity or enforceability of any other terms or provisions of this Agreement.

13. Binding Effect: This Agreement shall be binding upon and inure to the benefit of the parties as well as their respective successors and permitted assigns.

14. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of North Carolina regardless of any application of principles regarding conflicts of laws.

15. Headings: The headings or captions provided throughout this Agreement are for reference purposes only and shall in no way affect the meaning or interpretation of this Agreement.

16. Waiver of Breach: Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or different provision.

Tax Protection Plus
Through the American Advantage Association
P.O. Box 24279 Winston Salem, NC 27114
cases@taxprotectionplus.com
Phone # 866-942-8348
Fax# 850-424-1420

Information: Tax Protection Plus through the American Advantage Association has obtained a policy from an 'A' rated insurer to back up its provision of the Tax Reimbursement Program.

Identity Theft Restoration Membership Program Agreement

Services provided by Company under the Program: From the date the IRS and/or state (if applicable) has acknowledged transmission of your **Return** and **Company** receives payment of the **Company Program Fee** paid by the ERO and for a period of one (1) year (the Membership Term), **Company** will provide the **Taxpayer**, and other individuals listed on the tax **Return** (collectively, the "**Taxpayer**") with the following services (collectively, the "Services"):

Identity Theft Restoration: **Taxpayer** is provided with toll free telephone access to an Identity Theft Risk Management Specialist who will provide **Taxpayer** with the following recovery services*:

- Assist members with Investigating fraudulent activity.
- Place phone calls, send electronic notifications, and prepare appropriate documentation on the member's behalf, including dispute letters for defensible complaints to any and all appropriate state agencies and financial institutions.
- Issue fraud alerts and victim statements when necessary, with the three consumer credit reporting agencies, the FTC, SSA, and U.S. Postal Service.
- Submit ID Theft Affidavit to involved creditors for card cancellation and new card issuance.
- Contact, follow up and escalate issues with affected agencies, creditors, financial institutions, to reinforce member's rights.
- Assist the member in notifying local law enforcement authorities to file the appropriate official reports.
- Provide peace of mind and resolution of key issues from start to finish as swiftly as possible.
- Provide members with a "Case Completion Kit" including copies of documentation, correspondence, forms and letters for their personal records.
- Provide daily identity monitoring with all three credit bureaus for six months.

* Requires Taxpayer to sign a Special Limited Power of Attorney

Unlimited Legal Care at Discounted Rates:

As an Identity theft victim, **Member** is also provided access to a proprietary attorney network that will represent **Member** at the low hourly rate of \$125.00, or when appropriate, 40% off their usual and customary hourly rate, for all extended legal care. **Member** may use **Program** to prosecute identity theft thieves. This **Program** provides unlimited discounted legal care, at capped hourly rates, enabling **Member** to both defend yourself and prosecute thieves.

The Services are subject to change, modification, or substitution at any time without notice to the **Member**. In order to receive Services, a **Member** must access the services as instructed within the Membership materials provided.

If you have questions you can contact us at 866-942-8348.